

Case Number:	CM15-0046870		
Date Assigned:	03/19/2015	Date of Injury:	06/02/2014
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old male, who sustained an industrial injury on 6/2/2014. The current diagnoses are right shoulder impingement syndrome, rotator cuff tendinitis status post right shoulder arthroscopic surgery (1/19/2015). According to the progress report dated 1/27/2015, the injured worker returned to the office for re-evaluation. There were no subjective complaints noted. The right shoulder incision was dry, intact, and without evidence of infection. The current medications are Ibuprofen. Treatment to date has included medication management, MRI, injection, and surgical intervention. The plan of care includes interferential unit times 1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

IF unit, 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Interferential Current Stimulation (ICS) Pages 118-120. Electrical stimulators (E-stim) Page 45.

Decision based on Non-MTUS Citation ACOEM 3rd Edition Shoulder disorders (2011) <http://www.guideline.gov/content.aspx?id=36626> Work Loss Data Institute - Shoulder (acute & chronic) 2013 <http://www.guideline.gov/content.aspx?id=47591>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints states that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies. ACOEM 3rd edition (2011) does not recommend interferential therapy for shoulder disorders. Work Loss Data Institute guidelines for the shoulder (acute & chronic) state that interferential current stimulation (ICS) is not recommended. Medical records document shoulder conditions. Interferential IF unit was requested. MTUS, ACOEM, and Work Loss Data Institute guidelines do not support the medical necessity of interferential current stimulation (ICS) for shoulder conditions. Therefore, the request for interferential IF unit is not medically necessary.